



# Work Order Bid (ID)

## WORK ORDER INFORMATION

**Work Order Name:** 13013SH3770

**Work Order Type:** Weatherization

**Audit Name:** 13013SH3770

## CLIENT INFORMATION

**Client ID:** 13013SH3770

## AGENCY INFORMATION

**Agency:** Shelby County Community Services Agency

**Agency Phone:** (901) 222-4280

**Address:** 3772 South Hickory Ridge Mall, Suite 516  
Memphis, TN 38115

**Fax:** (901) 222-4313

**Email Address:**

**Agency Contact:** GAILLARD, GREG

**Work Phone:**

**Cell Phone:**

**Email Address:**

**Company Name & License Number:** \_\_\_\_\_

**Contractor's Signature:** \_\_\_\_\_

## COMMENT

## Measures

Measure 1	Infiltration Redctn	Components	Inspected
<b>Comment</b>	BROKEN PANE WINDOW #3 BOTTOM (LARGE) 29X32 and CAULK WINDOW BLOCK AND SEAL A/C WINDOW UNIT COMPLETE WINDOW#3 REPLACE SILL AND CAULK WINDOW #4 REPLACE SILL WINDOW #5 BLOCK AND SEAL A/C WINDOW UNIT COMPLETE WINDOW #7 CAULK WINDOW #13 REPLACE SILL WINDOW #14 GARAGE DOOR WEATHERSTRIP AND THRESHOLD BACK DOOR WEATHERSTRIP AND DOOR SWEEP WEATHERSTRIP ATTIC STAIRS REWRAP 12 INCH DUCT JOINTS		<input type="checkbox"/>

NOTE!!! GARAGE WINDOWS ARE NOT IN WINDOW COUNT

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Miscellaneous Su	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Measure Sub Total:

Sub Total:

### Field Notes:

**Measure 2 Replace A/C****Components** AC1**Inspected****Comment** REPLACE A/C UNIT COMPLETE (100) BTU 4 TON☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Cooling Equipmen	Central A/C- (100) BTU 4 TON	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Central A/C- (100) BTU 4 TON	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:** **Sub Total:** **Field Notes:****Measure 3 User-Spec Ceiling R****Components** ATT1**Inspected****Comment** 60% FLOORED ADD R-30☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Attic Insulation - Blown Cellulose - R-30	SqFt	1766	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Attic Insulation - Blown Cellulose - R-30	SqFt	1766	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:** **Sub Total:** **Field Notes:**

**Measure 4 DWH Pipe Insulation****Components****Inspected****Comment** WRAP WATER LINES (6) HOT AND (6) COLD☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

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**Measure Sub Total:****Sub Total:****Field Notes:****Measure 5 CO Monitor is Needed****Components****Inspected****Comment** INSTALL 2 CO. MONITORS☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	CO monitor	Each	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

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**Measure Sub Total:****Sub Total:****Field Notes:**

**Measure 6 Fix Any Other Venting Related Problem (Water Heat)****Components****Inspected****Comment** REVENT 3 FT OF WATER HEATER☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Equipment	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

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**Measure Sub Total:****Sub Total:****Field Notes:****Measure 7 Fix Improper Venting (Clothes Dryer)****Components****Inspected****Comment** CAULK OUTSIDE CAP REPLACE HOSE ONLY☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Equipment	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:****Sub Total:****Field Notes:**

**Measure 8 Fix Improper Venting of Bathroom Exhaust Fan****Components****Inspected****Comment** BATHROOM #1 (SHOWER) CAULK AND VENT OUTSIDE  
BATHROOM #2 (MASTER) CAULK AND VENT OUTSIDE☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Equipment	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:****Sub Total:****Field Notes:****Work Order Grand Total:****Grand Total:**